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Date of Deposit: March 4, 2005

APPLICATION DATA SHEET

Application Information

Application number::	not yet assigned
International Filing Date::	04 September 2003 (04.09.2003)
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?	None
Title::	DELIVERY OF THERAPEUTICS TO THE BRAIN AND SPINAL CORD
Attorney Docket Number::	M0765.70044US01
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	5
Claims::	19
Small Entity?::	Yes

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Jonathan
Middle Name::	W.
Family Name::	FRANCIS
City of Residence::	Mansfield

Application Data Sheet
M0765.70044US01

State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 69 Rumford Avenue
City of mailing address:: Mansfield
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02048

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: H.
Family Name:: BROWN, Jr.
City of Residence:: Needham
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 16 Oakland Avenue
City of mailing address:: Needham
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02192

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Paul
Middle Name:: S.
Family Name:: FISHMAN

Application Data Sheet
M0765.70044US01

City of Residence:: Baltimore
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 26 Dembeigh Hill Circle
City of mailing address:: Baltimore
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21210

Correspondence Information

Correspondence Information::

Phone number:: (617) 646-8000, (617) 646-8233
Fax Number:: (617) 646-8646
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Representative Information

Representative Customer Number::

23628

Domestic Priority Information::

Application::	Continuity Type::	Parent Application::	Parent Filing Date:: MM / DD / YY
This application is a	U.S. National Phase of	PCT/US03/027816	09/04/03
PCT/US03/027816	Claims benefit under 35 USC § 119(e) of	60/408,577	09/06/02

Foreign Priority Information::

Country::	Application Number::	Filing Date:: MM/DD/YY	Priority Claimed::
N/A			

Assignee Information:

Assignee name:: The General Hospital Corporation
Street of mailing address:: 55 Fruit Street
City of mailing address:: Boston
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02114

and

Assignee name:: University of Maryland, Baltimore
Street of mailing address:: 520 West Lombard Street
City of mailing address:: Baltimore
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21201